# **990-EZ**

# **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

20**21** 

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 09/01/2021 and ending 08/31/2022 B Check if applicable: C Name of organization D Employer identification number Address change ANIME CRITICS UNITED INC 82-3084676 Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return 347-766-3630 580 5TH AVE STE 820 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code **F** Group Exemption Amended return NEW YORK, NY 10036-4762 Number ▶ Application pending **H** Check **▶** ✓ if the organization is **not** required to attach Schedule B I Website: ▶ https://www.castlepointanime.com J Tax-exempt status (check only one) — 🗹 501(c)(3) 🗌 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990). **K** Form of organization: Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 177,894 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . . . ~ 1 1,325 2 Program service revenue including government fees and contracts 2 173,584 3 3 349 4 4 0 5a Gross amount from sale of assets other than inventory 5a 0 b Less: cost or other basis and sales expenses . . . . . . . . . . . . 0 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . С 5c 0 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a 130 Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 **c** Less: direct expenses from gaming and fundraising events . . . 6с 254 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d -124 7a Gross sales of inventory, less returns and allowances . . . . . 7a 1,417 7b b 463 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . 954 С 7c 8 Other revenue (describe in Schedule O) . See Schedule O, Statement 1 . . . 8 1,089 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . . . . . . . . . 9 177,177 10 10 0 11 Benefits paid to or for members . . . . . . . 11 0 12 12 Salaries, other compensation, and employee benefits . . . . . . . . . 0 13 Professional fees and other payments to independent contractors . . . . . . 13 13,380 14 14 21,255 15 15 8,404 16 Other expenses (describe in Schedule O) .See Schedule O, Statement 2 . . . . 16 59,536 17 17 102,575 18 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . . . . . . . . . . . . . . 18 74,602 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 35,681 20 Other changes in net assets or fund balances (explain in Schedule O). See Schedule O. Statemer 20 -1 Net assets or fund balances at end of year. Combine lines 18 through 20 21 110,282

Form 990-EZ (2021) Page **2** 

Pa	Balance Sheets (see the instructions to	,	n, anastian in this	Dowl II		
	Check if the organization used Schedule	O to respond to ar	y question in this	(A) Beginning of year	<del></del>	(B) End of year
00	Cook sovings and investments		_	., , ,	00	• • • • • • • • • • • • • • • • • • • •
22 23	Cash, savings, and investments		<del> </del>	36,261	23	110,272
24	Land and buildings				24	0 10
25	Total assets			36,261		110,282
26	Total liabilities (describe in Schedule O)				26	110,282
27	Net assets or fund balances (line 27 of column			35,681		110,282
Par	,	· ,			21	110,202
· a	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?	·	• •		,	quired for section
				reaven comices		(c)(3) and 501(c)(4) anizations; optional fo
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.	e services provided	l, the number of	othe	
28	The corporation held Castle Point Anime Convention					
	and other published arts and media. The convention	was held at the Seca	ucus Meadowlands	Convention		
	(Continued on Schedule O, Statement 6)					
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	▶ 📙	28a	97,594
29						
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ ⊔	29a	1
30						
	(Ot f)	to the death of the state of th			00-	
04	(Grants \$ ) If this amount				30a	1
31	Other program services (describe in Schedule O)				210	
32	(Grants \$ 0) If this amount Total program service expenses (add lines 28a to 28	includes foreign gra			31a	
Par					32	
rai	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule					
			(c) Reportable		<u> </u>	
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC, 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	1.0	Estimated amount of other compensation
Ama	nda Gomes	1.00	0			
Dire	ctor / Vice-President (former)					
	rey D'souza	1.00	0			
Dire						
Benj	amin Knutson	1.00	0			
Dire		1				
Caitl	in Uang	1.00	0			
Dire	ctor					
Jake	Israel	1.00	0			
Dire	ctor					
Jiare	n Li	1.00	0			
Dire	otor					
Jo R	amaswamy	1.00	0			
Dire	otor					
Jona	ithan Ong Yao	1.00	0			
Dire	ctor					
Rob	ert Basciano	1.00	0			
Dire	otor					
Stev	en Harrigan	1.00	0			
Dire	otor					
(Cor	tinued on Schedule O, Statement 7)	1				
		1				

Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	monacher for trait vij errector in the organization accar concade o to recipend to any question in the		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	1.50	~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	~	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		_
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		Ť
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		,
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	1		
	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
	section 4911 $\blacktriangleright$ 0; section 4912 $\blacktriangleright$ 0; section 4955 $\blacktriangleright$ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► NJ, NY			
42a	The organization's books are in care of ► Tyler Romeo Telephone no. ► 3	347-76	6-363	0
	Located at ► 580 5TH AVE STE 820, NEW YORK, NY 10036 ZIP + 4 ►	10	036	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	Yes	No 🗸
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		<b>'</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>▶</b> □
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h		.,

Form 99	0-EZ (2	021)								P	age 4
										Yes	No
46		ne organization engage, directly or in									
	to ca	ndidates for public office? If "Yes," co	omplete Schedule C,	Part I					46		~
Part '		Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51.		stions 47–49b ar	nd 52, and	d con	nplete th	e tab	oles fo	or line	es
		Check if the organization used Sch	edule O to respond	to any question i	n this Par	t VI					
		<u> </u>								Yes	No
47		he organization engage in lobbying of the street of the st		section 501(h) elec					47		/
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	)? If "Yes," comple	te Schedu	le E			48		~
49a	Did th	ne organization make any transfers to	an exempt non-cha	ritable related orga	anization?				49a		~
b		es," was the related organization a se-							49b		
50		plete this table for the organization's									d key
	empl	oyees) who each received more than	\$100,000 of comper	sation from the or	ganization	. If the	ere is non	e, ent	ter "N	one."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC)	contribu		employee nd deferred			d amou pensati	
None											
f 51	Com	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ	s five highest compe	ensated independe	ent contra	 ctors	who each	n rece	eived	more	thar
	(a)	Name and business address of each independent	ent contractor	<b>(b)</b> Type of	service		(c)	) Comp	ensatio	on	
None											
						-+					
						+					
						+					
						+					
d	Total	number of other independent contra	ctors each receiving	Over \$100,000							
52		the organization complete Schedu	_		rappization		int attack	<u> </u>			
JZ		. l . 4 l . O . l l A			•	15 1110			Yes		No.
l Indor n						to the k					
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than						iowied	ge and	bellel,	IL IS
	·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	, , ,		T					
Sign		Signature of officer				Date					
Here						2410					
	Tyler Romeo, Chairman Type or print name and title										
D - : :		Print/Tune proparation name Preparer's signature Date PTIN									
Paid		Type proparer a marite					Check L self-emplo	l if			
Prep		Firm's name				Eirm,	· ·	,			
Use (	Unly	Firm's name					s EIN ▶				
May #	אם וספ	Firm's address ► discuss this return with the preparer	shown above? Sec i	netructions		Phone	e no.		Yes		lo.
ıvıay il	ie ino	alocaso tilis retarri with the preparer	SHOWIT ADOVE! SEE I	1130100010113					162		10

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization ANIME CRITICS UNITED INC 82-3084676 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C)

(D)

(E) **Total** 

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	, ,		/ 1	'	,	
	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	, ,					,,
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	( ) 0047	(1) 0040	( ) 0040	/ N 0000	( ) 0004	(O.T.)
	dar year (or fiscal year beginning in)  Amounts from line 4	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.  First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	12 ear as a section	n 501(c)(3)
Casti	organization, check this box and stop her	re	<u></u>				▶ 📙
<b>Secti</b>	on C. Computation of Public Suppor Public support percentage for 2021 (line 6			11 column (f)		14	<u></u> %
15 16a	Public support percentage from 2020 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2021. If the organi box and stop here. The organization qual	nedule A, Part zation did not	II, line 14 . check the box		 nd line 14 is 30	15	check this
b	33 <sup>1</sup> / <sub>3</sub> % support test—2020. If the organization this box and stop here. The organization	zation did not	check a box c	n line 13 or 16	Sa, and line 15	is 33 <sup>1</sup> /3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts	-and-circumst	ances test, ch	eck this box a	and <b>stop here.</b>	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu	mstances test, est. The organ	check this bo	x and <b>stop he</b>	re. Explain
18	Private foundation. If the organization of				, 17a, or 17b,	check this bo	x and see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	449	1,592	1,068	1,468	2,742	7,319
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	119,443	128,597	33,084	390	175,131	456,645
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	_	_	_	_		_
•	_	0	0	0	0	0	0
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3	119,892	130,189	34,152	1,858	177,873	463,964
7a	received from disqualified persons .						•
		0	0	0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from	Ü	J	Ü	J	J	
	line 6.)						463,964
Secti	on B. Total Support	<u>'</u>	•	•	•		· ·
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
9	Amounts from line 6	119,892	130,189	34,152	1,858	177,873	463,964
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	0	0	0	0	0	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included on line 10b, whether						
	or not the business is regularly carried on			0			0
12	Other income. Do not include gain or	0	0	0	0	0	0
12	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,	3	<u> </u>	<u> </u>		3	
	and 12.)	119,892	130,189	34,152	1,858	177,873	463,964
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop her	re					🕨 🔽
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2021 (line 8		•			15	%
16	Public support percentage from 2020 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2021 (			-		17	%
18	Investment income percentage from 2020					18	<u>%</u>
19a	331/3% support tests—2021. If the organi						
	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box	_	_	-		-	_
b	331/3% support tests—2020. If the organize line 18 is not more than 331/3%, check this be						
20	<b>Private foundation.</b> If the organization di	_	_		-	-	

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

Cu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	7		
_	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

2b

3a

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Sect	on A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	on B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	on C—Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	-	ntegrated Type III suppo	rting organization	

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted	2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive		
				8	
10	Distributable amount for 2021 from Section C, line 6  Line 8 amount divided by line 9 amount			9 10	
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
6	Excess from 2021				

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

ANIME CRITICS UNITED INC	82-3084676				
Form 990-EZ, Part V, Line 34 - The following changes were made to the corporation's bylaws: The Vice-Ch	air of Staff and Student Relations				
officer position was created to: "oversee recruitment, learning & development, and satisfaction/retention f					
volunteers and officers; and to establish and oversee relationships with student organizations; and to coordinate transportation,					
accomodation, and any other services staff may need for the operation of the corporation's events." The d					
Operations officer position were clarified to remove a catch-all clause to ensure that there is no overlap be					
officer positions, in particular the new one (above). The Personnel Committee was given the duty to act as					
Executive Board elections. If a budget has not been passed for a fiscal year by the time that fiscal year sta					
fiscal year will be set to the value in the previous fiscal year's budget. Directors may approve minutes for i					
instances.	g				

Schedule O, Statement 1 ANIME CRITICS UNITED INC

Form: Form 990-EZ (2021) EIN: 82-3084676

Page: 1 Part I, Line 8

#### Other Revenue Structured Explanation

Description	Amount
Reimbursement from officer of accidental personal expense	1,089
Total:	1,089

Schedule O, Statement 2 ANIME CRITICS UNITED INC

Form: **Form 990-EZ (2021)** EIN: **82-3084676** 

Page: 1 Part I, Line 16

#### Other Expenses Structured Explanation

Description	Amount
Advertising and Marketing	1,527
Attendee Distributables	2,182
Bank Charges and Fees	615
Capital Improvements	1,297
Consumables	773
Dues and Subscriptions	1,526
Entertainment Meals	5,745
Equipment Rental	25,139
Insurance	810
Licenses and Permits	375
Lodging	6,329
NJ Sales Tax	538
NY Sales Tax	75
Promotional Meals	2,655
Travel	7,726
Volunteer Distributables	2,224
Total:	59,536

Page: 2	Part I, Line 20		
Other Changes In Net Ass	s Structured Explanation		
Description	Amoun		
Rounding Error	-4		

**ANIME CRITICS UNITED INC** 

EIN: **82-3084676** 

-1

Schedule O, Statement 3

Form: Form 990-EZ (2021)

Total:

Form: Form 990-EZ (2021)	EIN: <b>82-3084676</b>		
Page: <b>2</b>	Part II, Line 24		
Other Assets Structured	Explanation		
Description	EOY Amount		
Outstanding Credit Card Balance	10		

**ANIME CRITICS UNITED INC** 

Description	EOY Amount
Outstanding Credit Card Balance	10
Total:	

Schedule O, Statement 4

Schedule O, Statement 5 ANIME CRITICS UNITED INC

Form: Form 990-EZ (2021) EIN: 82-3084676

Page: 2 Part III

### **Primary Exempt Purpose**

Organizing public events for cultural exchange with Japan

**Primary Exempt Purpose** 

Schedule O, Statement 6 **ANIME CRITICS UNITED INC** 

Form: Form 990-EZ (2021) EIN: 82-3084676 Part III, Line 28

Page: 2 First Program Service Accomplishments Description

#### Description

Center and the Harmony Suites Secaucus, bringing in 4,673 members of the general public. Events included panels featuring industry guests, entertainment and social gatherings, and an exhibits hall featuring 77 local artists and 75 vendors. The convention was operated by 112 volunteers, primarily including university students from Stevens Institute of Technology.

ANIME CRITICS UNITED INC

Form: **Form 990-EZ (2021)** EIN: **82-3084676** 

Page: 2

#### Officers, Directors, Trustees and Key Employees Compensation

Part IV

		Hours	Compensation	Benefits	Expense
Name Title	Yanqing Liang Director	1.00	0		
Name Title	Tyler Romeo Director / Chairman	2.00	0		
Name Title	Jeffrey Meli Director / Secretary	4.00	0		
Name Title	Justin Wing Director / President / Vice-President (former)	10.00	0		
Name Title	Winston Lee Director / Treasurer	10.00	0		
Name Title	Alejandro Schnettler Director / Vice-President	10.00	0		
Name Title	Christopher Kotelnick Director / Vice-President	10.00	0		
Name Title	Mason Lim Director / Vice-President	10.00	0		
Name Title	Alfonsina Santiago Director (former) / President (former)	10.00	0		
Name Title	Daniel Gaetan Director (former) / Treasurer (former)	10.00	0		
Name Title	Ashley McDermott Director (former) / Vice-President (former)	10.00	0		
Name Title	Spencer Deuidicibus Director (former) / Vice-President (former)	10.00	0		